

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/597,602

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		2		2		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		3		3		
18		3		3		
19		1		1		
20		1		1		
21		2		2		
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31	1		1			
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36	1		1			
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		6		6		
43		6		6		
44		6		6		
45		9		9		
46		1		1		
47		1		1		
48		1		1		
49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	101	←	59	←		←
TOTAL CLAIMS	104		62			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						